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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/205,966 07/26/2002 PAT 6,845,265 *mb*

** FOREIGN APPLICATIONS *****

None mb

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

05/05/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>mb</i> Initials				

ADDRESS

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TITLE

Detecting and indicating a proximity of a dental instrument to a tooth apical foramen

FILING FEE RECEIVED 791	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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